

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007994

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 23

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWN LouisianaLength of stay in 1b
Lifec. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Pike Co. HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Pike

admission)

c. CITY
OR
TOWN 122 N. 8th St.Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
Louisiana, Mo.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Eliza Bryson McElwee

4. DATE
OF
DEATH

Month

Day

Year

Feb. 27, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-11-75

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Grassy Creek Neighborhood

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Newton Bryson

13b. MOTHER'S MAIDEN NAME

Susana M. Redding

14. NAME OF HUSBAND OR WIFE

Charles McElwee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Roy Spears

Address

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Asiatic flu.

INTERVAL BETWEEN
ONSET AND DEATH

10 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

FRACTURED FEMUR

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-18-62 to 2-27-63 and last saw her
him alive on 2-26-63
Death occurred at 4 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

G. L. Bilyea D.O.

22b. ADDRESS

Louisiana Mo

22c. DATE SIGNED

3-1-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

2-1-63

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Louisiana, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Geo. M. Collier, Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.

3-1-63

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0822

2 0822

3 2

4 1

5 2

6

7 0

8 2

9 481XF

10

11

12 1-2

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geo. M. Callier

Licensed Embalmer No.

3839

P. O. Address

Louisiana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.